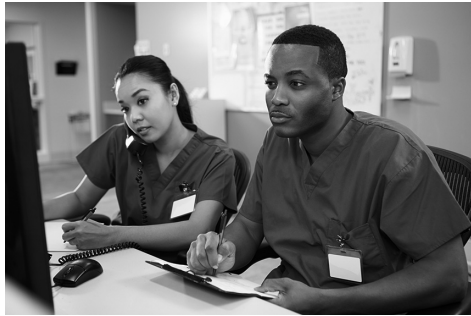




2022 NATIONAL SAMPLE SURVEY OF REGISTERED NURSES



Start Here

Respond online today at: <https://respond.census.gov/nssrn>

OR

Complete this form and mail it back as soon as possible.

The 2022 National Sample Survey of Registered Nurses (NSSRN) is being conducted by the United States Census Bureau on behalf of the Health Resources and Services Administration of the U.S. Department of Health and Human Services and is the tenth cycle of the survey.

We appreciate your help with this important survey. If you need help or have questions about completing this form, please call 1-888-369-3598 or email us at NSSRN@census.gov.

Section A. Licensure and Certification

- A1. On December 31, 2021, did you have an ACTIVE LICENSE to practice as a Registered Nurse (RN) or Advanced Practice Registered Nurse (APRN) in the U.S.?**
- ☐ Yes, I am licensed as an RN
- ☐ Yes, I am licensed as an RN and an APRN → Continue to Question A2. We will ask about your APRN in a later section.
- ☐ No → If No, you do not need to complete this questionnaire. Please mark "No" AND RETURN THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED SO WE KNOW YOU ARE NOT ELIGIBLE.

- A2. What U.S. state(s) ISSUED the active RN license(s) that you held on December 31, 2021? Do not include APRN licenses.**

State	State	State	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- ☐ Check this box if you were issued a license by more than 4 states.

- A3. Were you living in the U.S. on December 31, 2021? Mark No if you were living in a U.S. territory.**

- ☐ Yes
- ☐ No → If No, you do not need to complete this questionnaire. Please mark "No" AND RETURN THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED SO WE KNOW YOU ARE NOT ELIGIBLE.



A4. What U.S. state issued your FIRST RN license?

State

A5. In what year were you issued your FIRST U.S. RN license?

Year

A6. Have you ever been LICENSED as a Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) in the U.S.?

☐ Yes

☐ No

A7. On December 31, 2021, which of the following certifications did you have? Mark all that apply.

☐ No certifications

☐ Ambulatory Care Certification

☐ Critical Care Certificate (CCRN)

☐ Emergency Medicine/Nursing (EMT, ENPC, etc.)

☐ Life Support (BLS, ACLS, BCLS, etc.)

☐ Resuscitation (CPR, NRP, etc.)

☐ Trauma Nursing (TNCC, ATCN, ATN, etc.)

☐ Other, Specify: 

A8. On December 31, 2021, did you have any active nationally accredited nursing certifications as a Nurse Practitioner, Clinical Nurse Specialist, Nurse-Midwife, or Nurse Anesthetist?

☐ Yes

☐ No → SKIP to Section B on page 3

A9a. On December 31, 2021, did you have an active certification as a Nurse Practitioner (NP)?

☐ Yes

☐ No → SKIP to Question A10a

A9b. Were any of your NP certifications from a NATIONAL CERTIFYING ORGANIZATION?

☐ Yes

☐ No

A9c. In which of the following focus areas were you certified as an NP by a NATIONAL CERTIFYING ORGANIZATION? Mark all that apply.

☐ Adult – acute care

☐ Adult – primary care

☐ Family

☐ Gerontology – acute care

☐ Gerontology – primary care

☐ Neonatal

☐ Pediatric – acute care

☐ Pediatric – primary care

☐ Psychiatric & Mental Health

☐ Women's Health

☐ None of the above

A10a. On December 31, 2021, did you have one or more active certifications as a Clinical Nurse Specialist (CNS)?

☐ Yes

☐ No → SKIP to Question A11a on page 3

A10b. Was (one or more of) your CNS certification(s) from a NATIONAL CERTIFYING ORGANIZATION?

☐ Yes

☐ No



A10c. Which of the following CNS certifications did you have from a NATIONAL CERTIFYING ORGANIZATION? Mark all that apply.

- ☐ Acute Care/Critical Care
- ☐ Adult Health
- ☐ Community Health/Public Health
- ☐ Diabetes Management
- ☐ Gerontological
- ☐ Home Health
- ☐ Hospice and Palliative Care
- ☐ Medical-Surgical
- ☐ Oncology
- ☐ Pediatric
- ☐ Psychiatric & Mental Health - Adult
- ☐ Psychiatric & Mental Health - Child/Adolescent
- ☐ Psychiatric & Mental Health - Family
- ☐ Other, Specify: ➤

A11a. On December 31, 2021, did you have an active certification as a Nurse-Midwife?

- ☐ Yes
- ☐ No ➔ SKIP to Question A12a

A11b. Was your Nurse-Midwife certification from a NATIONAL CERTIFYING ORGANIZATION?

- ☐ Yes
- ☐ No

A12a. On December 31, 2021, did you have an active certification as a Nurse Anesthetist?

- ☐ Yes
- ☐ No ➔ SKIP to Section B

A12b. Was your Nurse Anesthetist certification from a NATIONAL CERTIFYING ORGANIZATION?

- ☐ Yes
- ☐ No

Section B. Education

B1. Which type of nursing degree qualified you for your FIRST U.S. RN license? Mark one box only.

- ☐ Diploma
- ☐ Associate
- ☐ Bachelor's
- ☐ Master's
- ☐ Doctorate - PhD
- ☐ Doctorate - DNP
- ☐ Other

B2. In what year did you graduate with your first RN degree?

 Year

B3. What percent of the courses for this degree or certificate were completed online or through distance learning, including clinicals?

- ☐ 0%
- ☐ 1%-49%
- ☐ 50%-99%
- ☐ 100%

B4. Where was this program located? If the program was 100% online, report the college or university location.

- ☐ In the U.S.
Print state abbreviation: ➤

- ☐ Outside the U.S.
Print name of foreign country or U.S. territory: ➤



B5. How did you pay for your first RN degree? Include the cost of tuition, room and board, fees, books, and supplies. Mark all that apply.

- ☐ Self-paid (including gifts from parents, spouse, or other family members or friends)
- ☐ Personal loan from parents, spouse, or other family members or friends
- ☐ Federally-assisted student loan
- ☐ Other type of student loans
- ☐ State/local government scholarship or grant
- ☐ Non-government scholarship or grant
- ☐ Health Resources and Services Administration Support (e.g., National Health Service Corps, Nurse Corps Loan Repayment, Faculty Loan Repayment)
- ☐ Department of Veterans Affairs employer tuition plan
- ☐ Other federal traineeship, scholarship, or grant
- ☐ Other resources, *Specify:* 

B6. What post-high school degree(s) did you receive BEFORE starting your first RN degree? Mark all that apply.

- ☐ Associate
- ☐ Bachelor's
- ☐ Master's
- ☐ Doctorate
- ☐ Other
- ☐ None

B7. Were you ever employed in any of the following health-related jobs before completing your first RN degree? Mark (X) Yes or No for each item.

	Yes	No
a. Nursing aide or nursing assistant	☐	☐
b. Home health aide or assistant	☐	☐
c. Licensed Practical or Vocational Nurse	☐	☐
d. Community health worker	☐	☐
e. Midwife	☐	☐
f. Emergency Medical Technician (EMT) or paramedic	☐	☐
g. Medical assistant	☐	☐
h. Dental assistant	☐	☐
i. All other health technologists and technicians	☐	☐
j. Manager in health care setting	☐	☐
k. Clerk in health care setting	☐	☐
l. Other health-related job, <i>Specify:</i> 	☐	☐



B8. As of December 31, 2021, did you complete any ADDITIONAL nursing degrees or certificates AFTER acquiring your first RN degree that you described in Question B1? Do not include degrees/certificates you are currently working towards.

☐ Yes → Complete all rows of the table below for each nursing degree or certificate you earned as of December 31, 2021.

☐ No → SKIP to Question B9a on page 6

Additional Nursing Degrees/Certificates				
	Second Nursing Degree/Certificate	Third Nursing Degree/Certificate	Fourth Nursing Degree/Certificate	Fifth Nursing Degree/Certificate
B8a. What type of degree/certificate is this? <i>Mark one box only.</i>	☐ Associate ☐ LVN-to-RN Program ☐ Bachelor's ☐ Master's ☐ Post-Master's Certificate ☐ Doctor of Nursing Practice ☐ Research Doctorate (PhD, DNS, etc.) ☐ Other	☐ Associate ☐ LVN-to-RN Program ☐ Bachelor's ☐ Master's ☐ Post-Master's Certificate ☐ Doctor of Nursing Practice ☐ Research Doctorate (PhD, DNS, etc.) ☐ Other	☐ Associate ☐ LVN-to-RN Program ☐ Bachelor's ☐ Master's ☐ Post-Master's Certificate ☐ Doctor of Nursing Practice ☐ Research Doctorate (PhD, DNS, etc.) ☐ Other	☐ Associate ☐ LVN-to-RN Program ☐ Bachelor's ☐ Master's ☐ Post-Master's Certificate ☐ Doctor of Nursing Practice ☐ Research Doctorate (PhD, DNS, etc.) ☐ Other
B8b. In what year did you receive this degree/certificate?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B8c. Where was this program located?	☐ In the U.S. <i>Print state abbreviation</i> <input type="text"/> ☐ Outside the U.S.	☐ In the U.S. <i>Print state abbreviation</i> <input type="text"/> ☐ Outside the U.S.	☐ In the U.S. <i>Print state abbreviation</i> <input type="text"/> ☐ Outside the U.S.	☐ In the U.S. <i>Print state abbreviation</i> <input type="text"/> ☐ Outside the U.S.
B8d. Did this degree/certificate qualify you to be any of the following	☐ Nurse Practitioner ☐ Clinical Nurse Specialist ☐ Nurse-Midwife ☐ Nurse Anesthetist ☐ None of these	☐ Nurse Practitioner ☐ Clinical Nurse Specialist ☐ Nurse-Midwife ☐ Nurse Anesthetist ☐ None of these	☐ Nurse Practitioner ☐ Clinical Nurse Specialist ☐ Nurse-Midwife ☐ Nurse Anesthetist ☐ None of these	☐ Nurse Practitioner ☐ Clinical Nurse Specialist ☐ Nurse-Midwife ☐ Nurse Anesthetist ☐ None of these
B8e. What percent of the courses were completed online or through distance learning, including clinicals?	☐ 0% ☐ 1%-49% ☐ 50%-99% ☐ 100%	☐ 0% ☐ 1%-49% ☐ 50%-99% ☐ 100%	☐ 0% ☐ 1%-49% ☐ 50%-99% ☐ 100%	☐ 0% ☐ 1%-49% ☐ 50%-99% ☐ 100%
B8f. What was the primary focus of this degree/certificate?	<i>Enter the two-digit code listed below.</i> <input type="text"/>	<i>Enter the two-digit code listed below.</i> <input type="text"/>	<i>Enter the two-digit code listed below.</i> <input type="text"/>	<i>Enter the two-digit code listed below.</i> <input type="text"/>

Primary Focus of Nursing Degree

01 Clinical Practice	03 Administration/Business Management	05 Public Health/Community Health	07 Other health field
02 Clinical Nurse Leader	04 Education	06 Research	



B9a. For ANY of the nursing degrees you had completed as of December 31, 2021, did you borrow any money? Include the cost of tuition, room and board, fees, books, and supplies.

☐ Yes

☐ No → SKIP to Question B10a

B9b. As of December 31, 2021, approximately how much debt from your nursing degree(s) did you still owe? Include all sources of debt.

☐ \$0

☐ \$1 - \$10,000

☐ \$10,001 - \$20,000

☐ \$20,001 - \$30,000

☐ \$30,001 - \$40,000

☐ \$40,001 - \$50,000

☐ \$50,001 - \$60,000

☐ \$60,001 - \$70,000

☐ \$70,001 - \$80,000

☐ \$80,001 - \$90,000

☐ \$90,001 or more

B10a. As of December 31, 2021, did you have any NON-NURSING academic degrees? Do not include degrees you are currently working towards.

☐ Yes

☐ No → SKIP to Question B11a on page 7

B10b. As of December 31, 2021 what was the HIGHEST non-nursing degree you received?

☐ Associate

☐ Bachelor's

☐ Master's

☐ Doctorate

☐ Other

B10c. In what year did you receive your highest non-nursing degree?

Year

B10d. What was the primary focus of your highest non-nursing degree? Mark only one.

☐ Clinical Practice

☐ Administration/Business Management

☐ Education

☐ Public Health/Community Health

☐ Law

☐ Biological or Physical Sciences

☐ Humanities, Liberal Arts, or Social Sciences

☐ Information Technology/Informatics

☐ Research

☐ Other health field

☐ Other non-health field



B11a. During the FALL TERM OF 2021, were you enrolled in a formal education program leading to an academic degree or certificate?

- ☐ Yes, in nursing
- ☐ Yes, in a non-nursing field
- ☐ No → SKIP to Question B12

B11b. Were you a full-time or part-time student?

- ☐ Full-time student
- ☐ Part-time student

B11c. What percent of the courses for this degree or certificate were completed online or through distance learning, including clinicals?

- ☐ 0%
- ☐ 1%-49%
- ☐ 50%-99%
- ☐ 100%

B11d. What type of degree or certificate were you working toward in this program?

Mark one box only.

- ☐ Certificate/Award
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Post-Master's Certificate
- ☐ Doctorate – PhD
- ☐ Doctorate – DNP
- ☐ Doctorate – Other

B12. As of December 31, 2021, were you planning to continue your formal nursing education leading to an academic degree or certificate? Do not consider degrees or certificates you are currently working towards.

- ☐ Yes
- ☐ No
- ☐ I was undecided at that time

B13a. Have you completed an RN residency or transition-to-practice program?

- ☐ Yes → Year completed
- ☐ No → SKIP to Question B14

B13b. Did you have a preceptor assigned to you during this residency or transition-to-practice program?

- ☐ Yes
- ☐ No

B14. Within the past year, have you received or provided emergency preparedness training in any of the following areas specifically related to patient care or medical response to these emergencies?

Mark (X) Yes or No for each item.

	Yes	No
a. Chemical accident or attack	☐	☐
b. Biological accident or attack	☐	☐
c. Nuclear/radiological accident or attack	☐	☐
d. Infectious disease epidemics	☐	☐
e. Natural disaster	☐	☐
f. Other public health emergencies	☐	☐



Section C. Employment

- C1.** On December 31, 2021, were you employed or self-employed in the United States in any type of nursing position (LVN, LPN, RN, or APRN)? *Employed includes working for pay, even if on temporary leave.*

- ☐ Yes
- ☐ No → *SKIP to Section G on page 21*

Questions C2-C30 ask about your primary nursing position. If you had multiple nursing positions, the primary nursing position is the one you held on December 31, 2021 in which you spent the largest share of your working hours.

- C2.** Where was the location of the primary nursing position you held on December 31, 2021? *If you were not employed in a fixed location, enter the location that best reflects where you practiced.*

- ☐ Worked 100% remotely

City/Town

State

Zip

- C3.** Thinking about the primary nursing position you held on December 31, 2021, how long had you been working for this EMPLOYER?

- ☐ Less than 1 year
- ☐ 1 - 5 years
- ☐ More than 5 years → *SKIP to Question C5*

- C4.** How long were you actively looking for new employment before accepting a position with this employer? *Please give your best estimate.*

- ☐ 6 months or fewer
- ☐ 7 - 12 months
- ☐ More than a year
- ☐ I was not actively looking for new employment

Questions C5-C27 ask about your experience in 2021 only.

- C5.** In 2021, which of the following state licensures, certifications, or recognitions were you required to maintain for the primary nursing position you held on December 31, 2021? *Mark all that apply.*

- ☐ RN
- ☐ APRN, Nurse Practitioner
- ☐ APRN, Clinical Nurse Specialist
- ☐ APRN, Nurse-Midwife
- ☐ APRN, Nurse Anesthetist
- ☐ None of the above → *SKIP to Question C7*

Thinking of the primary nursing position you held on December 31, 2021, indicate your level of agreement with the statements in Questions C6a and C6b.

- C6a.** In my primary nursing position, I could practice to the full extent of my state's legal scope of practice. *Answer only about the year 2021.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

- C6b.** In my primary nursing position, I was able to practice to the full extent of my nursing education and training. *Answer only about the year 2021.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

- C7.** In your primary nursing position did you use an Electronic Health Record (EHR) or Electronic Medical Record (EMR) system in 2021? *Do not include billing record systems.*

- ☐ Yes
- ☐ No
- ☐ Don't know



C8. For the primary nursing position you held on December 31, 2021, were you employed as a traveling nurse?

☐ Yes

☐ No

C9. For the primary nursing position you held on December 31, 2021, which of the following best describes your employment situation in 2021? Mark one box only.

☐ Employed through an employment agency

☐ Employed by an organization or facility

☐ Self-employed or independent contractor

C10. Which one of the following best describes the job title of the primary nursing position you held on December 31, 2021? Answer only about the year 2021. Mark one box only.

☐ Staff nurse or direct care nurse

☐ Charge nurse or team leader

☐ Front-line management (Nurse Manager, Unit or Department Supervisor)

☐ Middle management/administration (director, house supervisor, associate dean, department head)

☐ Senior management/administration (CEO, vice president, CNO, CNE, dean)

☐ Certified Registered Nurse Anesthetist (CRNA)

☐ Certified Nurse-Midwife (CNM)

☐ Clinical Nurse Specialist (CNS)

☐ Nurse Practitioner (NP)

☐ Wound or ostomy nurse

☐ School nurse or Occupational health nurse

☐ Public health nurse

☐ Home Health Nurse

☐ Community health nurse

☐ Patient educator

☐ Staff educator, professional practice specialist, or instructor in clinical setting

☐ Academic educator (professor, instructor in a school of nursing)

☐ Patient care coordinator, case manager, discharge planner, or nurse navigator

☐ Quality improvement nurse or utilization review nurse

☐ Infection control nurse

☐ Advice or triage nurse

☐ Informatics nurse

☐ Forensics or crisis nurse

☐ Transport, EMS, or Flight Nurse

☐ Consultant

☐ Legal nurse

☐ Researcher

☐ Surveyor, auditor, or regulator

☐ No position title

☐ Other, Specify: ➤



C11. Which one of the following best describes the employment setting of the primary nursing position you held on December 31, 2021? Answer only about the year 2021. Mark one box only.

Hospital (not including mental health or rehabilitation facilities)

- ☐ Hospital Inpatient Department/Unit
- ☐ Hospital Emergency Department/Transport
- ☐ Hospital-Sponsored Ambulatory/Outpatient Clinic or Center (Clinic, Specialty, Surgery, etc.) (Non-ED)
- ☐ Hospital-Sponsored Urgent Care
- ☐ Hospital Administration/Education/Quality, etc.
- ☐ Hospital Nursing home unit
- ☐ Hospital Ancillary unit (Radiology, Lab, GI lab, Consult services, etc)
- ☐ Hospital other, *Specify:* ➤

Other Inpatient settings

- ☐ Skilled nursing Facility/Nursing Home
- ☐ Rehabilitation Facility/Long Term Care/Long term acute care
- ☐ Hospice - Inpatient
- ☐ Mental/Behavioral Health Facility - Inpatient
- ☐ Substance use treatment center - Inpatient
- ☐ Other Inpatient setting, *Specify:* ➤

Non-patient care settings

- ☐ Public Health or Community health agency
- ☐ Local, State, Federal government agency
- ☐ University or College academic department
- ☐ Insurance Company
- ☐ Call Center/telenursing center/remote nursing
- ☐ Regulatory Agency/Organization
- ☐ Consulting Agency/Organization
- ☐ Professional Organization
- ☐ Other, *Specify:* ➤

Outpatient, Ambulatory, or Other Clinical settings (non-hospital based)

- ☐ Urgent/Emergency Care/Transport (Not Hospital-Sponsored)
- ☐ Occupational Health/Employee health services
- ☐ Correctional facility
- ☐ Private Practice - Medical/NP
- ☐ Nurse-Managed Health Clinic/Center
- ☐ Ambulatory Surgery Center (not hospital based)
- ☐ Community Health Center/Federally Qualified Health Center (FQHC)
- ☐ Hospice - Outpatient
- ☐ Health Maintenance Organization/Managed Care
- ☐ Federally-run clinic (VA, military, NIH, IHS)
- ☐ Home Health/Day care services
- ☐ Public Clinic or Rural Health Clinic/Center
- ☐ Retail Clinic
- ☐ Rehabilitation - Outpatient
- ☐ Stand-Alone Dialysis/Infusion Clinic
- ☐ School Health Service (K-12 or post-secondary)
- ☐ Mental/Behavioral Health Facility - Outpatient
- ☐ Substance use treatment center - Outpatient
- ☐ Other, *Specify:* ➤



C12. For the primary nursing position you held on December 31, 2021, did you work full-time or part-time in 2021? Mark one box only. If you worked both full-time and part-time in 2021, select the schedule you worked for the largest portion of the year.

- ☐ Full-time (including full-time for an academic year)
- ☐ Part-time (including working only part of the calendar or academic year)

C13. For the primary nursing position you held on December 31, 2021, did you work EVERY week in 2021? Include paid vacation, paid sick leave, and military service as weeks worked.

- ☐ Yes → SKIP to Question C16
- ☐ No

C14. For the primary nursing position you held on December 31, 2021, how many MONTHS did you work in 2021? Include paid vacation, paid sick leave, and military service, and include months where you only worked for a few hours.

Months worked in 2021

C15. For the primary nursing position you held on December 31, 2021, how many WEEKS did you work in 2021? Include paid vacation, paid sick leave, and military service, and include weeks where you only worked for a few hours.

Weeks worked in 2021

C16. Next, we will ask for information about how much you WORKED in a typical week in 2021 for the primary nursing position you held on December 31, 2021.

Hours
(enter 0 if none)

a. Total number of hours worked in a typical week in 2021. Include unpaid hours and hours paid at the base, overtime, and differential rates. Include on-call hours except on-call hours that were standby only.

Of the hours you reported above, how many of these hours were:

b. Worked at the overtime pay rate

c. Unpaid

C17. For the primary nursing position you held on December 31, 2021, please estimate the number of hours spent in the following activities during a typical week in 2021.

Hours
(enter 0 if none)

C17a. Total number of hours worked in a typical week in 2021. This should equal the total number of hours worked reported in Question C16a.

=

a. Patient care and charting

+

b. Care coordination (including consultation with agencies and/or professionals)

+

c. Management, supervision, and administrative tasks

+

d. Research

+

e. Teaching, precepting or orienting students or new hires (include preparation time)

+

f. Non-nursing tasks (e.g., housekeeping, locating supplies)

+

g. Other

+

In questions C18-C21, the term telehealth refers to the use of information technology to support long-distance clinical health care, health education/administration and public health, through videoconferencing, the internet, phone, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

C18. For the primary nursing position you held on December 31, 2021, did your workplace use telehealth to provide patient care? Answer only about the year 2021.

- ☐ Yes
- ☐ No → SKIP to Question C22 on page 12

C19. Did you personally use some form of telehealth in the primary nursing position you held on December 31, 2021? Answer only about the year 2021.

- ☐ Yes
- ☐ No → SKIP to Question C22 on page 12



C20. In 2021, which type(s) of telehealth did you personally use in the primary nursing position you held on December 31, 2021? *Mark all that apply.*

- ☐ Live Video-Conferencing (a two-way audiovisual link between a patient and a care provider)
- ☐ Telephone calls without video
- ☐ Text messages or live chat
- ☐ Asynchronous Video-Conferencing (transmission of a recorded health history to a health practitioner, usually a specialist)
- ☐ Remote Patient Monitoring (the use of connected electronic tools to record personal health and medical data in one location for review by a provider in another location, usually at a different time)
- ☐ mHealth (health care and public health information provided through mobile devices. The information may include general educational information, targeted texts, and notifications about disease outbreaks)
- ☐ Other, *specify:* 

C21. For the primary nursing position you held on December 31, 2021, about how many hours did you spend using telehealth during a typical week in 2021?

Hours per week

C22. Did the primary nursing position you held on December 31, 2021, include any patient care? *Answer only about the year 2021.*

- ☐ Yes
- ☐ No → *SKIP to Question C27 on page 15*

C23. For the primary nursing position you held on December 31, 2021, what percent of your patient care time was spent providing prenatal care? *Answer only about 2021. Your best estimate is fine.*

- ☐ 0%
- ☐ 1%-25%
- ☐ 26%-50%
- ☐ 51%-75%
- ☐ 76%-100%

C24. For the primary nursing position you held on December 31, 2021, please estimate the percentage of your patient care time spent with each population below. *Answer only about the year 2021.*

	0%	1%-25%	26%-50%	51%-75%	76%-100%
a. Neonatal, Newborn, or Infant (less than 2 years old)	☐	☐	☐	☐	☐
b. Pediatric (2 to 11 years old)	☐	☐	☐	☐	☐
c. Adolescent (12 to 17 years old)	☐	☐	☐	☐	☐
d. Adult (18 to 65 years old)	☐	☐	☐	☐	☐
e. Geriatric (more than 65 years old)	☐	☐	☐	☐	☐



C25. For the primary nursing position you held on December 31, 2021, in what type of clinical specialty did you spend MOST of your patient care time in 2021? Mark one box only.

- ☐ General medical surgical
- ☐ Ambulatory care – primary care
- ☐ Ambulatory care – specialty care (e.g. Dermatology, Endocrinology, Ophthalmology, Otolaryngology)
- ☐ Cardiac or cardiovascular care
- ☐ Chronic care
- ☐ Community/Public health
- ☐ Critical care/Intensive care
- ☐ Emergency or trauma care
- ☐ Gastrointestinal
- ☐ Home health/Hospice
- ☐ Infectious/Communicable disease
- ☐ Labor and delivery/Neonatal care
- ☐ Neurological
- ☐ Obstetrics and Gynecology
- ☐ Occupational health
- ☐ Oncology
- ☐ Orthopedics
- ☐ Psychiatric/Mental health
- ☐ Pulmonary/Respiratory
- ☐ Rehabilitation
- ☐ Renal/Dialysis
- ☐ School Health Service (K-12 or post-secondary)
- ☐ Substance use disorder
- ☐ Surgery/Pre-op/Post-op/PACU/Anesthesia
- ☐ Other specialty, Specify: ➤

Continue on next page



In questions C26-C28, answer only about the year 2021.

C26. Thinking of the primary nursing position you held on December 31, 2021, to what extent did you...
Mark one box only.

	A great extent	Somewhat	Very little	Not at all
Participate in evidence-based care (<i>Evidence-based care is care that utilizes best practices and clinical decisions supported by scientific research and clinical expertise</i>)	☐	☐	☐	☐
Participate in patient-centered care (<i>Care that is responsive to patient preferences, needs and values, and ensures that patient values guide clinical decisions</i>)	☐	☐	☐	☐
Participate in team-based care (<i>Comprehensive health services by at least two health professionals working collaboratively to provide safe, quality care</i>)	☐	☐	☐	☐
Participate in value-based care (<i>Care that improves health outcomes relative to the cost of care</i>)	☐	☐	☐	☐
Participate in population-based health care (<i>Care that focuses on the health status and needs of a target population possessing similar health concerns or characteristics</i>)	☐	☐	☐	☐
Care for medically complex/Special needs patients	☐	☐	☐	☐
Care for patients with mental health conditions	☐	☐	☐	☐
Care for patients with substance use disorders	☐	☐	☐	☐
Focus on quality improvement	☐	☐	☐	☐



C27. Thinking of the primary nursing position you held on December 31, 2021, to what extent did you observe your organization doing the following? Answer only about 2021.

	A great extent	Somewhat	Very little	Not at all	Not applicable
Promoting evidence-based care <i>(care that utilizes best practices and clinical decisions supported by scientific research and clinical expertise)</i>	☐	☐	☐	☐	☐
Promoting patient-centered care <i>(care that is responsive to patient preferences, needs and values, and ensures that patient values guide clinical decisions)</i>	☐	☐	☐	☐	☐
Promoting team-based care <i>(comprehensive health services by at least two health professionals working collaboratively to provide safe, quality care)</i>	☐	☐	☐	☐	☐
Promoting value-based care <i>(care that improves health outcomes relative to the cost of care)</i>	☐	☐	☐	☐	☐
Promoting population-based health <i>(care that focuses on the health status and needs of a target population possessing similar health concerns or characteristics)</i>	☐	☐	☐	☐	☐
Promoting quality improvement	☐	☐	☐	☐	☐



Please answer both questions C28a and C28b.

	C28a. Have you received training in the following areas through formal education, work or professional development? Mark yes or no for each.	C28b. Are you satisfied with the level of training you have received in the following areas? Mark yes or no for each.
Care Delivery		
Evidence-based care (care that utilizes best practices and clinical decisions supported by scientific research and clinical expertise)	☐ Yes ☐ No	☐ Yes ☐ No
Patient-centered care (care that is responsive to patient preferences, needs and values, and ensures that patient values guide clinical decisions)	☐ Yes ☐ No	☐ Yes ☐ No
Team-based care (comprehensive health services by at least two health professionals working collaboratively to provide safe, quality care)	☐ Yes ☐ No	☐ Yes ☐ No
Value-based care (care that improves health outcomes relative to the cost of care)	☐ Yes ☐ No	☐ Yes ☐ No
Population-Focused Care		
Population-based health care (care that focuses on the health status and needs of a target population possessing similar health concerns or characteristics)	☐ Yes ☐ No	☐ Yes ☐ No
Working in an underserved community	☐ Yes ☐ No	☐ Yes ☐ No
Caring for medically complex/special needs patients	☐ Yes ☐ No	☐ Yes ☐ No
Social determinants of health (e.g., impact of race and socioeconomic status)	☐ Yes ☐ No	☐ Yes ☐ No
Caring for patients with mental health conditions	☐ Yes ☐ No	☐ Yes ☐ No
Caring for patients with substance use disorders	☐ Yes ☐ No	☐ Yes ☐ No
Healthcare Leadership		
Quality improvement	☐ Yes ☐ No	☐ Yes ☐ No
Practice management and administration	☐ Yes ☐ No	☐ Yes ☐ No



C29. In 2021, which of the following educational benefits did your employer offer to support your professional development? *Mark all that apply.*

☐ Tuition reimbursement

☐ Loan forgiveness

☐ Flexible scheduling

☐ Other, *Specify:* ➤

☐ None

C30. Please estimate your 2021 pre-tax annual earnings from your primary nursing position. *Include overtime and bonuses, but exclude sign-on bonuses.*

C31. In 2021, were you represented by a labor union or collective bargaining unit in the primary nursing position you held on December 31, 2021?

☐ Yes

☐ No

C32. How satisfied were you with the primary nursing position you held on December 31, 2021?

☐ Extremely satisfied

☐ Moderately satisfied

☐ Moderately dissatisfied

☐ Extremely dissatisfied

C33. Did you hold the same primary nursing position from January 1, 2020 through December 31, 2021?

☐ Yes

☐ No ➔ *SKIP to Question C36*

C34. Thinking about the primary nursing position you held on December 31, 2021, have you EVER felt burned out?

☐ Yes

☐ No ➔ *SKIP to Question C36*

C35. Thinking about the primary nursing position you held on December 31, 2021, which of the following best describes your feelings of burnout during the coronavirus pandemic? *Mark one box only.*

☐ They increased during the coronavirus pandemic

☐ They decreased during the coronavirus pandemic

☐ They did not change during the coronavirus pandemic

C36. Have you left the primary nursing position you held on December 31, 2021?

☐ Yes ➔ *Continue to Section D on page 18*

☐ No ➔ *SKIP to Section E on page 19*



Section D. Left the Primary Nursing Position Held on December 31, 2021

D1. Which of the following reasons contributed to your decision to LEAVE the primary nursing position you held on December 31, 2021? *Mark all that apply.*

- ☐ Better pay/benefits
- ☐ Burnout
- ☐ Career advancement/promotion
- ☐ Career change
- ☐ Disability/illness
- ☐ Family caregiving
- ☐ High risk working conditions
- ☐ Inability to practice to the full extent of my license
- ☐ Inadequate staffing
- ☐ Interpersonal differences with colleagues or supervisors
- ☐ Lack of advancement opportunities
- ☐ Lack of collaboration/communication between health care professionals
- ☐ Lack of good management or leadership
- ☐ Length of commute
- ☐ Patient population
- ☐ Physical demands of job
- ☐ Relocation to different geographic area
- ☐ Retirement
- ☐ Scheduling (inconvenient hours, too many hours, or too few hours)
- ☐ School/educational program
- ☐ Spouse's employment opportunities
- ☐ Stressful work environment
- ☐ Underlying health condition(s) that may increase risk of severe illness due to Coronavirus (self or family)
- ☐ Unsatisfactory safety protocols
- ☐ Other, *Specify:* ➤

D2. Did you continue to work in nursing after leaving this position?

- ☐ Yes
- ☐ No ➔ *SKIP to Section F on page 20*

D3. How long do you plan to work in NURSING in the geographic area of the primary nursing position you held on December 31, 2021?

- ☐ Already left the geographic area
- ☐ Less than a year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ More than 5 years
- ☐ Not sure

D4. Approximately when do you plan to retire from nursing?

- ☐ Already retired
- ☐ Within a year
- ☐ In 1-2 years
- ☐ In 3-5 years
- ☐ More than 5 years from now
- ☐ Undecided

SKIP to Section F



Section E. Remained in the Primary Nursing Position Held on December 31, 2021

E1. Have you ever considered leaving the primary nursing position you held on December 31, 2021?

- ☐ Yes
- ☐ No → SKIP to Question E7 on page 20

E2. Have you considered leaving this position in the past year?

- ☐ Yes
- ☐ No

E3. When do you plan to leave this position?

- ☐ Less than one year from now
- ☐ 1-3 years from now
- ☐ More than 3 years from now
- ☐ Not sure

E4. Do you plan to work in nursing after you leave this position?

- ☐ Yes
- ☐ No
- ☐ Not sure

E5. How long do you plan to work in NURSING in the geographic area of the primary nursing position you held on December 31, 2021?

- ☐ Less than a year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ More than 5 years
- ☐ Not sure

E6. Which of the following reasons would contribute to your decision to LEAVE your primary nursing position? Mark all that apply.

- ☐ Better pay/benefits
- ☐ Burnout
- ☐ Career advancement/promotion
- ☐ Career change
- ☐ Change in child's school
- ☐ Disability/illness
- ☐ Family caregiving
- ☐ High risk working conditions
- ☐ Inability to practice to the full extent of my license
- ☐ Inadequate staffing
- ☐ Interpersonal differences with colleagues or supervisors
- ☐ Lack of advancement opportunities
- ☐ Lack of collaboration/communication between health care professionals
- ☐ Lack of good management or leadership
- ☐ Length of commute
- ☐ Patient population
- ☐ Physical demands of job
- ☐ Relocation to different geographic area
- ☐ Retirement
- ☐ Scheduling (inconvenient hours, too many hours, or too few hours)
- ☐ School/educational program
- ☐ Sign-on bonus offered
- ☐ Spouse's employment opportunities
- ☐ Stressful work environment
- ☐ Underlying health condition(s) that may increase risk of severe illness due to Coronavirus (self or family)
- ☐ Unsatisfactory safety protocols
- ☐ Other, Specify: ➤



E7. What factors contribute to your decision to **REMAIN** in your primary nursing position?
Mark all that apply.

- ☐ Ability to provide full scope of services
- ☐ Adequate staffing
- ☐ Availability of loan repayment financial support
- ☐ Availability of resources to do my job well
- ☐ Availability of training opportunities
- ☐ Balanced schedule/hours
- ☐ Commitment to underserved communities
- ☐ Cost of living
- ☐ Difficulty finding another job
- ☐ Experience at site
- ☐ Length of commute
- ☐ Liking the job
- ☐ Opportunities for advancement
- ☐ Proximity to desirable school district
- ☐ Proximity to extended family/parents/siblings
- ☐ Proximity to spouse's employment opportunities
- ☐ Salary and benefits
- ☐ Satisfactory safety protocols
- ☐ Sense of community with peers
- ☐ Use of Electronic Health Records
- ☐ Use of telehealth
- ☐ Other, *Specify:* ➤

E8. Approximately when do you plan to retire from nursing?

- ☐ Already retired
- ☐ Within a year
- ☐ In 1-2 years
- ☐ In 3-5 years
- ☐ More than 5 years from now
- ☐ Undecided

Section F. Secondary Employment in Nursing

The questions in this section (Questions F1-F8) will ask about your "secondary nursing position." This is any nursing position(s) you held on December 31, 2021, in addition to your primary nursing position. This can be any position that required an LVN, LPN, RN, or APRN license.

F1. In addition to your primary nursing position, were you working for pay in nursing in any **OTHER** positions on December 31, 2021?
Do not report any positions where you worked outside the United States.

- ☐ Yes
- ☐ No ➔ *SKIP to Section G on page 21*

F2. For any of the other nursing position(s) you held on December 31, 2021, were you employed as a traveling nurse?

- ☐ Yes
- ☐ No

Questions F3-F8 ask about your experience in 2021 only.

F3. For the other position(s) you held on December 31, 2021, which of the following best describes your employment situation(s) in 2021?
Mark all that apply.

- ☐ Employed through an employment agency
- ☐ Employed by an organization or facility
- ☐ Self-employed or independent contractor



F4. What type(s) of work setting(s) best describe(s) where you worked for the other nursing position(s) held on December 31, 2021? Answer only about the year 2021. Mark all that apply.

- ☐ Hospital
- ☐ Nursing home/extended care facility
- ☐ Academic education program
- ☐ Home health setting
- ☐ Public or community health setting
- ☐ Rehabilitation/long-term care facility
- ☐ Mental/Behavioral health setting
- ☐ School/College health service
- ☐ Occupational health
- ☐ Physician practice (individual or group)
- ☐ Ambulatory care clinic/Surgical center
- ☐ Insurance claims/benefits
- ☐ Telehealth, telenursing, or call center
- ☐ Hospice care setting
- ☐ Government agency
- ☐ Consulting/Regulatory Urgent/Retail/Convenience Clinic
- ☐ Substance Abuse setting

F5. Across all of the other nursing positions you held on December 31, 2021 how many weeks did you work in 2021? Do not include weeks where you only worked your primary nursing position.

Weeks in 2021

F6. Across all of the other nursing positions you held on December 31, 2021, on average how many hours per week did you work in 2021? Do not include hours worked in your primary nursing position.

Hours

F7. Across all of the other nursing positions you held on December 31, 2021, in what state was most of the work done in 2021?

State

F8. Please estimate your 2021 pre-tax annual earnings from all of the nursing positions that you reported about in THIS SECTION. Include overtime and bonuses, but exclude sign-on bonuses. Do NOT include earnings from your primary nursing position.

Section G. Nurse Practitioners

G1a. On December 31, 2021, did you have an active certification, licensure, or other legal recognition to practice as a Nurse Practitioner (NP) from a STATE BOARD OF NURSING?

- ☐ Yes
- ☐ No → SKIP to Section H on page 24

G1b. What U.S. state(s) issued the active NP license(s), certification(s), or recognition(s)? List up to 4.

State	State	State	State
<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>

☐ Check this box if you were issued certification/licensure/recognition by more than 4 states.

G2. Do you have a National Provider Identifier (NPI) number?

- ☐ Yes
- ☐ No → SKIP to Question G4

G3. Do you or have you ever billed under your NPI number?

- ☐ Yes
- ☐ No
- ☐ Don't know

G4. To what extent did your education prepare you to be a Licensed Independent Practitioner (LIP)?

- ☐ I do not practice independently
- ☐ A great extent
- ☐ Somewhat
- ☐ Very little
- ☐ Not at all



G5. Did you complete an NP post-graduate residency or fellowship program?

☐ Yes

☐ No

G6. Have you ever precepted any NP students?

☐ Yes

☐ No → SKIP to Question G11

G7. When did you precept the NP student(s)?
Mark all that apply.

☐ Prior to March 2020

☐ During or after March 2020

Questions G8-G20 ask about your experience in 2021 only.

G8a. In 2021, how many NP students did you precept?
If you did not precept NP students in 2021, enter 0
and SKIP to Question G11.

Students

G8b. In 2021, how many hours of YOUR TIME did you spend precepting students to meet their clinical requirements?

Hours

G9. Did you receive any remuneration (e.g. money, tuition reduction, free CEs, etc.) to precept NP students in 2021?

☐ Yes

☐ No → SKIP to Question G11

G10. Which of the following types of remuneration did you receive in 2021? Mark all that apply.

☐ Money ↗

How much money did you receive in 2021?

\$.00

☐ Tuition reduction

☐ Free CEs

☐ Other, Specify: ↗

G11. On December 31, 2021, were you employed in an NP position that required state certification/licensure/recognition?

☐ Yes

☐ No → SKIP to Question G29 on page 24

G12. In any of the NP position(s) you held on December 31, 2021, did you provide patient care?
Answer only about the year 2021.

☐ Yes

☐ No → SKIP to Question G22 on page 22

G13. Across ALL of the NP positions you held on December 31, 2021, about how many patients did you see in a typical day in 2021? If none, enter zero.

Patients per day

Questions G14-G22 ask about your primary NP position.
If you had multiple NP positions, the primary NP position is the one you held on December 31, 2021 in which you spent the largest share of your working hours.

G14. Did the primary NP position you held on December 31, 2021, include any patient care?
Answer only about the year 2021.

☐ Yes

☐ No → SKIP to Question G22 on page 23

G15a. In 2021, was a physician required to SIGN OFF ON ANY of the patients you saw in your primary NP position?

☐ Yes

☐ No → SKIP to Question G16a

G15b. In 2021, was a physician required to SIGN OFF ON ALL of the patients you saw in your primary NP position?

☐ Yes

☐ No

G16a. In 2021, was a physician required to SEE ANY of the patients you saw in your primary NP position?

☐ Yes

☐ No → SKIP to Question G17 on page 23

G16b. In 2021, was a physician required to SEE ALL of the patients you saw in your primary NP position?

☐ Yes

☐ No



G17. In the primary NP position you held on December 31, 2021, did you have a panel of patients that you managed, where you were the primary provider? *A panel is a group of patients that you see across a period of time. Answer only about the year 2021.*

☐ Yes

☐ No → SKIP to Question G22

G18. In the primary NP position you held on December 31, 2021, on average, about how many patients were on your panel in 2021? *Your best estimate is fine.*

 ,

Patients

G19. In the primary NP position you held on December 31, 2021, what percentage of your panel were patients from racial/ethnic minority groups in 2021? *Your best estimate is fine.*

 %

☐ Don't know

G20. In the primary NP position you held on December 31, 2021, what percentage of your panel were patients with limited English proficiency in 2021? *Your best estimate is fine.*

 %

☐ Don't know

G21. Thinking about the primary NP position you held on December 31, 2021, please estimate the percentage of your patient panel that was covered by the following types of insurance in 2021. *Your best estimate is fine.*

Private insurance

 %

Medicare, for people 65 and older, or people with certain disabilities

 %

Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability

 %

TRICARE or other military health care

 %

VA

 %

Indian Health Service

 %

Uninsured

 %

Other

 %

Total = 100%

☐ Don't know

G22. In the primary NP position that you held on December 31, 2021, did you have the title Hospitalist in 2021?

☐ Yes

☐ No

G23. Did you have hospital admitting privileges on December 31, 2021?

☐ Yes

☐ No

G24. Were you covered by malpractice insurance on December 31, 2021?

☐ Yes

☐ No → SKIP to Question G26

G25. Who paid for your malpractice insurance?

☐ Self

☐ Employer

☐ Both

G26. Did you have FULL prescriptive authority on December 31, 2021?

☐ Yes → SKIP to Question G29

☐ No

G27. Did you have an x-waiver on December 31, 2021?

☐ Yes

☐ No

G28. Why didn't you have FULL prescriptive authority? *Mark all that apply.*

☐ Was in the process of applying

☐ MD or other NP wrote all of my prescriptions

☐ State scope of practice regulations

☐ Not required

☐ Other, Specify: ↴



G29. On December 31, 2021 did you have a personal Drug Enforcement Administration (DEA) number?

- ☐ Yes } **SKIP to Section I on page 25**
☐ No }

G30. What are the reasons that you were not employed in an NP position that required state certification, licensure, or recognition? *Mark all that apply.*

- ☐ Overall lack of NP job opportunities
☐ Lack of NP job opportunities in desired location
☐ Lack of NP job opportunities in desired specialty
☐ Lack of NP job opportunities in desired type of facility
☐ Limited scope of practice for NPs in the state where practice was desired
☐ Lack of experience or qualification
☐ Inadequate salary/benefits
☐ Working outside the field of nursing
☐ Family caregiving
☐ Disability/illness
☐ Chose not to work
☐ Retirement
☐ Other, *Specify:* ➤

Section H. Nurses Not Working in Nursing

If you were working for pay in nursing on December 31, 2021, please SKIP to Section I.

H1. What are the primary reasons you were not working in a nursing position for pay on December 31, 2021? *Mark all that apply.*

- ☐ Burnout
☐ Career change
☐ Difficulty finding a nursing position
☐ Disability/illness
☐ Family caregiving
☐ High risk working conditions
☐ Inability to practice nursing on a professional level
☐ Inability to practice to the full extent of my license
☐ Inadequate staffing
☐ Lack of advancement opportunities
☐ Lack of collaboration/communication between health care professionals
☐ Lack of good management or leadership
☐ Liability concerns
☐ Physical demands of job
☐ Retirement
☐ Salaries too low/better pay elsewhere
☐ Scheduling (inconvenient hours, too many hours, or too few hours)
☐ School/educational program
☐ Skills are out-of-date
☐ Stressful work environment
☐ Underlying health condition(s) that may increase risk of severe illness due to Coronavirus (self or family)
☐ Unsatisfactory safety protocol
☐ Other, *Specify:* ➤



H2. What are your intentions regarding paid work in nursing? *Mark one box only.*

- ☐ Actively looking for work in nursing
- ☐ Plan to return to nursing in the future, not looking for work now → *SKIP to Question H5*
- ☐ No future intention to work for pay in nursing → *SKIP to Question H6a*
- ☐ Undecided at this time → *SKIP to Question H6a*
- ☐ Have returned to nursing since December 31, 2021 → *SKIP to Section I*

H3. How long have you been actively looking for paid work in nursing? *Enter zero if less than one month.*

Month(s)

H4. Are you looking for a position that is full-time or part-time?

- ☐ Full-time → *SKIP to Question H6a*
- ☐ Part-time → *SKIP to Question H6a*
- ☐ Either → *SKIP to Question H6a*

H5. When do you plan to return to paid work in nursing? *Enter zero if less than one year.*

Year(s)

☐ Don't know

H6a. Have you ever been employed or self-employed in nursing?

- ☐ Yes
- ☐ No → *SKIP to Section J*

H6b. In what year were you last employed or self-employed as a nurse? *Enter 4-digit year below.*

Year

Section I. Prior Nursing Employment

I1. How many years have you worked in nursing since receiving your first U.S. RN license? *Count only the years in which you worked at least 6 months.*

- ☐ 0 - 5 years
- ☐ 6 - 10 years
- ☐ 11 - 20 years
- ☐ 21 - 30 years
- ☐ 31 or more years

I2. Have you left work in nursing since becoming an RN?

- ☐ No
- ☐ Yes, for less than a year
- ☐ Yes, for 1 - 2 years
- ☐ Yes, for 3 - 5 years
- ☐ Yes, for more than 5 years

Questions I3 - I8 ask about your employment in 2020.

I3. Were you employed in nursing on December 31, 2020?

- ☐ Yes
- ☐ No → *SKIP to Section J on page 28*

I4. For the primary nursing position you held on December 31, 2020, did you work full-time or part-time in 2020? *Mark one box only. If you worked both full-time and part-time in 2020, select the schedule you worked for the largest portion of the year.*

- ☐ Full-time (including full-time for an academic year)
- ☐ Part-time (including working only part of the calendar or academic year)



15. How would you describe the primary nursing position you held on December 31, 2020?

- ☐ Same position and same employer as primary nursing position on December 31, 2021 → *SKIP to Section J on page 28*
- ☐ Different position but same employer as primary nursing position held on December 31, 2021
- ☐ Different employer, same position as primary nursing position held on December 31, 2021
- ☐ Different employer, different position than primary nursing position held on December 31, 2021
- ☐ Was not working in a nursing position on December 31, 2021

16. What was the location of the primary nursing position you held on December 31, 2020? *If you were not employed in a fixed location, enter the location that best reflects where you practiced.*

City/Town

State

Zip

- ☐ Outside the U.S. - *Print name of foreign country or U.S. territory:* ↴

17. What were the primary reason(s) for your employment change? *Mark all that apply.*

- ☐ Better pay/benefits
- ☐ Burnout
- ☐ Career advancement/promotion
- ☐ Career change
- ☐ Disability/illness
- ☐ Family caregiving
- ☐ High risk working conditions
- ☐ Inability to practice to the full extent of my license
- ☐ Inadequate staffing
- ☐ Interpersonal differences with colleagues or supervisors
- ☐ Lack of advancement opportunities
- ☐ Lack of collaboration/communication between health care professionals
- ☐ Lack of good management or leadership
- ☐ Length of commute
- ☐ Patient population
- ☐ Physical demands of job
- ☐ Relocation to different geographic area
- ☐ Retirement
- ☐ Scheduling (inconvenient hours, too many hours, or too few hours)
- ☐ School/educational program
- ☐ Spouse's employment opportunities
- ☐ Stressful work environment
- ☐ Underlying health condition(s) that may increase risk of severe illness due to Coronavirus (self or family)
- ☐ Unsatisfactory safety protocol
- ☐ Other, *Specify:* ↴



18. Which one of the following best describes the employment setting of the primary nursing position you held on December 31, 2020? Answer only about the year 2020. Mark one box only.

Hospital (not including mental health or rehabilitation facilities)

- ☐ Hospital Inpatient Department/Unit
- ☐ Hospital Emergency Department/Transport
- ☐ Hospital-Sponsored Ambulatory/Outpatient Clinic or Center (Clinic, Specialty, Surgery, etc.) (Non-ED)
- ☐ Hospital-Sponsored Urgent Care
- ☐ Hospital Administration/Education/Quality, etc.
- ☐ Hospital Nursing home unit
- ☐ Hospital Ancillary unit (Radiology, Lab, GI lab, Consult services, etc)
- ☐ Hospital other, Specify: ➤

Other Inpatient settings

- ☐ Skilled nursing Facility/Nursing Home
- ☐ Rehabilitation Facility/Long Term Care/Long term acute care
- ☐ Hospice - Inpatient
- ☐ Mental/Behavioral Health Facility - Inpatient
- ☐ Substance use treatment center - Inpatient
- ☐ Other Inpatient setting, Specify: ➤

Non-patient care settings

- ☐ Public Health or Community health agency
- ☐ Local, State, Federal government agency
- ☐ University or College academic department
- ☐ Insurance Company
- ☐ Call Center/telenursing center/remote nursing
- ☐ Regulatory Agency/Organization
- ☐ Consulting Agency/Organization
- ☐ Professional Organization
- ☐ Other, Specify: ➤

Outpatient, Ambulatory, or Other Clinical settings (non-hospital based)

- ☐ Urgent/Emergency Care/Transport (Not Hospital-Sponsored)
- ☐ Occupational Health/Employee health services
- ☐ Correctional facility
- ☐ Private Practice - Medical/NP
- ☐ Nurse-Managed Health Clinic/Center
- ☐ Ambulatory Surgery Center (not hospital based)
- ☐ Community Health Center/Federally Qualified Health Center (FQHC)
- ☐ Hospice - Outpatient
- ☐ Health Maintenance Organization/Managed Care
- ☐ Federally-run clinic (VA, military, NIH, IHS)
- ☐ Home Health/Day care services
- ☐ Public Clinic or Rural Health Clinic/Center
- ☐ Retail Clinic
- ☐ Rehabilitation - Outpatient
- ☐ Stand-Alone Dialysis/Infusion Clinic
- ☐ School Health Service (K-12 or post-secondary)
- ☐ Mental/Behavioral Health Facility - Outpatient
- ☐ Substance use treatment center - Outpatient
- ☐ Other, Specify: ➤



Section J: Nursing During the Coronavirus Pandemic

Questions J1 - J3c ask about the time period between March 1, 2020 and December 31, 2021.

J1. Were you employed in nursing at any time between March 1, 2020 and December 31, 2021?

- ☐ Yes
- ☐ No → *SKIP to Question J9*

J2. Between March 1, 2020 and December 31, 2021, which of the following did you experience DUE TO THE CORONAVIRUS PANDEMIC?

Mark all that apply.

- ☐ Furloughed or forced to take PAID time off
- ☐ Furloughed or forced to take UNPAID time off
- ☐ Laid off from work with intent to return to nursing
- ☐ Delayed retirement
- ☐ Changed employer
- ☐ Changed role(s) from patient care to non-patient care
- ☐ Changed role(s) from non-patient care to patient care
- ☐ Temporarily floated to a different unit/department within my employer, within the same state
- ☐ Temporarily floated to a different unit/department within my employer, outside home state
- ☐ Temporarily left my employer to assist with pandemic response, within the same state
- ☐ Temporarily left my employer to assist with pandemic response, outside home state
- ☐ None of the above

J3a. At any time between March 1, 2020 and December 31, 2021, did you decide to leave work in nursing DUE TO THE CORONAVIRUS PANDEMIC?

- ☐ Yes, I retired earlier than I had planned
- ☐ Yes, I left work in nursing but did not retire
- ☐ No → *SKIP to Question J4*

J3b. Which of the following reasons contributed to why you left work in nursing between March 1, 2020 and December 31, 2021? Mark all that apply.

- ☐ Unsatisfactory safety protocol(s)
- ☐ High-risk working conditions
- ☐ Underlying health conditions (self or family)
- ☐ Floating to unfamiliar units/departments
- ☐ Caring for family members
- ☐ Inadequate staffing
- ☐ Overworked/burned-out
- ☐ Other, Specify:

J3c. Did you intend to return to work in nursing?

- ☐ Yes
- ☐ No
- ☐ I was not sure if I would return or not

J4. How often did you feel burned out by your work in nursing in 2019, 2020, and 2021?

	Did not work in nursing	Never	A few times a year or less	A few times a month	A few times a week	Every day
2019	☐	☐	☐	☐	☐	☐
2020	☐	☐	☐	☐	☐	☐
2021	☐	☐	☐	☐	☐	☐

J5. At any point in 2020 or 2021, were you required to receive a COVID-19 test to conduct your work in nursing?

- ☐ Yes
- ☐ No

J6. As of December 31, 2021, had you ever been tested for COVID-19?

- ☐ Yes
- ☐ No



J7. Has a doctor or other health care provider ever told you that you have COVID-19?

☐ Yes

☐ No

J8. As of December 31, 2021, had you ever been hospitalized due to COVID-19?

☐ Yes

☐ No

J9. As of December 31, 2021, had you received at least one dose of a COVID-19 vaccine?

☐ Yes

☐ No

Section K. National Practitioner Data Bank

K1. The National Practitioner Data Bank (NPDB), is a nationwide repository of negative actions taken against health care professionals. Its primary function is to aid employers in making well-informed hiring decisions. Currently, certain entities are required to query the NPDB on physicians and dentists, prior to making decisions on hiring and clinical privileges.

Do you think the query requirement should be expanded to other health care professions?

☐ Yes, it should be expanded to all health care professions

☐ Yes, it should be expanded to some but not all health care professions

☐ No, it should not be expanded

☐ I am unfamiliar with the National Practitioner Data Bank → *SKIP to Section L on page 30*

K2. Have you been reported to the NPDB?

☐ Yes

☐ No → *SKIP to Question K5*

K3. Who submitted the report(s)? *Mark all that apply.*

☐ State licensing board

☐ Medical malpractice payer, such as an insurance company

☐ Hospital

☐ Federal agency

☐ Unknown

☐ Other, *Specify:* 

K4. Did the NPDB report impact your career?
Mark all that apply.

☐ No, the report did not impact my career

☐ Yes, the report had a negative impact on my position (e.g., reprimand, termination)

☐ Yes, the report made it difficult to obtain employment

☐ Yes, other

☐ Don't know

K5. When making hiring decisions, do you feel that health care employers should consider prior negative health care related actions taken against prospective employees?

☐ Yes, they should consider prior negative actions

☐ No, they should not consider prior negative actions

K6. The NPDB collects reports on adverse actions taken against a physician that affect that physician's clinical privileges. Many Nurse Practitioners currently perform job functions similar to physicians.

Do you feel the NPDB should also collect reports on adverse actions against a Nurse Practitioner that could affect their clinical privileges?

☐ Yes, they should be reported

☐ No, they should not be reported



K7. Do you think Nurse Practitioners who are supervised by a physician should be subject to the same reporting requirements as physicians, less strict reporting requirements, or more strict reporting requirements?

- ☐ The same reporting requirements as physicians
- ☐ Less strict reporting requirements for Nurse Practitioners who are supervised by a physician
- ☐ More strict reporting requirements for Nurse Practitioners who are supervised by a physician

K8. Do you have clinical privileges at a hospital or some other healthcare facility?

- ☐ Yes
- ☐ No
- ☐ Don't know

Section L. General Information

L1. Where did you live on December 31, 2021?
This information is critical for producing state estimates of the nursing workforce.

City/Town

State

Zip

L2. Where did you live on December 31, 2020?
This information is critical for producing state estimates of the nursing workforce.

☐ Same address reported in Question L1

City/Town

State

Zip

☐ Check here if you were living outside the U.S.

L3. What is your sex?

- ☐ Male
- ☐ Female

L4. What is the year of your birth?

Year



NOTE: Answer BOTH Question L5 about Hispanic origin and Question L6 about race. For this survey, Hispanic origins are not races.

L5. Are you of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Cuban
- ☐ Yes, Puerto Rican
- ☐ Yes, another Hispanic, Latino, or Spanish origin

L6. What is your race? Mark one or more boxes.

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander

L7. What languages do you speak fluently, other than English? Mark all that apply.

- ☐ No additional languages
- ☐ Spanish
- ☐ Filipino language (Tagalog, other Filipino dialect)
- ☐ Chinese language (Cantonese, Mandarin, other Chinese language)
- ☐ Russian
- ☐ Korean
- ☐ Vietnamese
- ☐ American Sign Language
- ☐ Other language(s), Specify: 

L8. What is your marital status?

- ☐ Married or in a domestic partnership
- ☐ Widowed, divorced, or separated
- ☐ Never married

L9. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark one box only.

- ☐ Never served in the military
- ☐ Only on active duty for training in the Reserves or National Guard
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

L10. Which of the following best describes the dependents (children, parents, etc.) who either live at home with you or for whom you provide A SIGNIFICANT AMOUNT OF CARE? Mark all that apply.

- ☐ Child(ren) less than 6 years old at home
- ☐ Child(ren) 6 to 18 years old at home
- ☐ Other adults at home (e.g., parents or dependents)
- ☐ Others living elsewhere (e.g., children, parents or dependents)
- ☐ None



L11. Including employment earnings, investment earnings, and other income of all household members, what was your 2021, pre-tax annual total household income? *Mark one box only.*

- ☐ \$25,000 or less
- ☐ \$25,001 to \$35,000
- ☐ \$35,001 to \$50,000
- ☐ \$50,001 to \$75,000
- ☐ \$75,001 to \$100,000
- ☐ \$100,001 to \$150,000
- ☐ \$150,001 to \$200,000
- ☐ More than \$200,000

Thank you for your participation.

Please return this survey in the enclosed, postage-paid envelope.

